



Bill Fraher, CPA

CAPE COD MUNICIPAL HEALTH GROUP
FINANCIAL STATEMENTS AND MANAGEMENT'S DISCUSSION AND ANALYSIS
WITH REQUIRED SUPPLEMENTARY INFORMATION
YEARS ENDED JUNE 30, 2007 and 2006
WITH INDEPENDENT AUDITOR'S REPORTS

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WITH REQUIRED SUPPLEMENTARY INFORMATION
Years Ended June 30, 2007 and 2006

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INDEPENDENT AUDITOR'S REPORT

To the Steering Committee
Cape Cod Municipal Health Group

I have audited the accompanying statements of Cape Cod Municipal Health Group (the Group), as of and for the years ended June 30, 2007 and 2006, as listed in the table of contents. These financial statements are the responsibility of the Group's management. My responsibility is to express an opinion on these financial statements based on my audits.

I conducted my audits in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that I plan and perform my audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management as well as evaluating the overall financial statement presentation. I believe that my audits provide a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Cape Cod Municipal Health Group as of June 30, 2007 and 2006, and the changes in financial position and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, I have also issued a report dated February 21, 2008 on my consideration of the Cape Cod Municipal Health Group's internal control over financial reporting and on my tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of my audits.

The Management's Discussion and Analysis on pages iv through vi is not a required part of the basic financial statements but is supplementary information required by accounting principles generally accepted in the United States of America. I have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the supplementary information. However, I did not audit the information and express no opinion on it.

The ten-year claims development information on page 10 is not a required part of the basic financial statements but is supplementary information required by the Governmental Accounting Standards Board. I have applied certain limited procedures which consisted principally of inquiries of management regarding the methods of measurement and presentation of the supplementary information. However, I did not audit the information, and I express no opinion on it.

Boston, Massachusetts
February 21, 2008



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**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

To the Steering Committee
Cape Cod Municipal Health Group

I have audited the financial statements of Cape Cod Municipal Health Group (the Group), Barnstable, Massachusetts, as of and for the years ended June 30, 2007 and 2006, and have issued my report thereon dated February 21, 2008. I conducted my audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing my audit, I considered the Group's internal control over financial reporting as a basis for designing my auditing procedures for the purpose of expressing my opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control over financial reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or a combination of control deficiencies, that adversely affects the Group's ability to initiate, authorize, record, process or report financial data reliably in accordance with accounting principles generally accepted in the United States of America such that there is more than a remote likelihood that a misstatement of the Group's financial statements that is more than inconsequential will not be prevented or detected by the Group's internal control. I consider the deficiencies described in the following paragraph to be significant deficiencies in internal control over financial reporting.

The Group's Treasurer performs or supervises all functions and controls that initiate, record and process all of the Group's transactions and financial reporting. This lack of segregation of duties is a combination of control deficiencies that I consider to be a significant deficiency.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the Group's financial statements will not be prevented or detected by the Group's internal control. I did not identify any deficiencies in internal control over financial reporting that I consider to be material weaknesses, as defined above.

My consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this report and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses.



To the Steering Committee
Cape Cod Municipal Health Group
Report on Internal Control over Financial Reporting and on Compliance and Other Matters

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Group's financial statements are free of material misstatement, I performed tests of the Group's compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of my audit and, accordingly, I do not express such opinion. The results of my tests disclosed no instances of noncompliance or other matters that are required to be reported herein under Government Auditing Standards.

This report is intended for the information of the Group, its management, and other appropriate government agencies and is not intended to be and should not be used by anyone other than these specified parties.

A handwritten signature in black ink, appearing to be 'John M. ...'.

Boston, Massachusetts
February 21, 2008

CAPE COD MUNICIPAL HEALTH GROUP

Management's Discussion & Analysis

June 30, 2007

The management of Cape Cod Municipal Health Group (the Group) offers readers of our financial statements the following narrative overview and analysis of our financial activities for the year ended June 30, 2007. Please read this discussion and analysis in conjunction with the Group's basic financial statements on the accompanying pages.

Basic Financial Statements

The basic financial statements are prepared using the accrual basis of accounting. Revenue is recorded when earned, and expenses are recorded when incurred. The basic financial statements include a statement of net assets, a statement of revenues, expenses and changes in net assets; a statement of cash flows and notes to the financial statements.

The statement of net assets presents information on the assets and liabilities of the Group, with the difference being reported as net assets.

The statement of revenues, expenses, and changes in net assets reports the operating and non-operating revenues and expenses of the Group for the fiscal year. The net result of these activities combined with the beginning of the year net assets reconciles to the net assets at the end of the current fiscal year.

The statement of cash flows reports the changes in cash for the year resulting from operating and investing activities. The net result of the changes in cash for the year, when added to the balance of cash at the beginning of the year, equals cash at the end of the year.

The notes to the financial statements provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements follow the basic financial statements described above.

Financial Highlights

- Assets exceeded liabilities by \$19,523,122 (net assets) at the close of the fiscal year. This is up 5.6% from the prior year. Net assets at June 30, 2007 represent 19.4% of fiscal year 2007 claims expense. At June 30, 2006 net assets represented 20.7% of fiscal year 2006 claims expense.
- For the year ended June 30, 2007, net assets increased by \$1,046,834 or 5.6% compared to a \$3,623,385 or 24.3% increase for fiscal year 2006.
- The statement of cash flows identifies the sources and uses of cash activity for the fiscal year and displays a net increase in cash of \$621,203 for fiscal year 2007 compared to a \$272,374 decrease in cash for fiscal year 2006.

CAPE COD MUNICIPAL HEALTH GROUP

Management's Discussion & Analysis

June 30, 2007

- The increase in cash for 2007 is a result of \$696,984 used for operations, net of \$1,318,187 which was provided by investing activities. The decrease in cash in 2006 is primarily a result of transferring approximately \$850,000 to longer term investments. The Steering Committee authorized the Treasurer to invest surplus cash into an investment portfolio consistent with the Group's investment policy. These investments coupled with the rising interest rate environment and increasing cash and investments balances resulted in a much improved investment return compared to prior years.

For fiscal year 2007, the Group's operating results resulted in nearly a \$1 million loss. However, this was better than anticipated as the Group intentionally utilized \$6 million of net assets to subsidize the FY 2007 plan rates. Actuarial assumptions are used in projecting annual claims costs for each health plan on a per member/per month basis and a rate, on a plan by plan basis, is set to fund the aggregate of the total projected claims and other Group costs. The amount of the FY 2007 net asset subsidy was applied on a pro-rata basis across all plans to reduce the premiums charged.

Investment income of over \$2 million, when applied against the operating loss, results in a net increase of the Group's net assets of over \$1 million.

Condensed Financial Information

A comparative summary of financial information is presented below:

	2007	2006	Amount of Change	% Change
Cash	\$ 18,796,088	\$ 18,174,885	\$ 621,203	3.4%
Investments	9,147,888	8,460,036	687,852	8.1%
Other current assets	3,772,816	1,474,058	2,298,758	155.9%
Total assets	31,716,792	28,108,979	3,607,813	12.8%
Claims liabilities	11,898,106	9,055,897	2,842,209	31.3%
Other current liabilities	295,564	576,794	(281,230)	(48.7%)
Total liabilities	12,193,670	9,632,691	2,560,979	26.5%
Unrestricted net assets	<u>\$ 19,523,122</u>	<u>\$ 18,476,288</u>	<u>\$ 1,046,834</u>	5.6%
Member assessments	\$105,813,624	\$ 99,348,834	\$ 6,464,790	6.5%
Medicare part D subsidy	1,502,101	483,725	1,018,376	210.5%
Claims expense	(100,248,484)	(89,512,706)	10,735,778	11.9%
Claims administration expenses	(5,503,300)	(5,305,216)	198,084	3.7%
Other group expenses	(2,523,146)	(2,430,168)	92,978	3.8%
Operating income (loss)	(959,205)	2,584,469	(3,543,674)	
Investment income	2,006,039	1,038,916	967,123	93%
Change in net assets	<u>\$ 1,046,834</u>	<u>\$ 3,623,385</u>	<u>\$ 2,576,551</u>	

CAPE COD MUNICIPAL HEALTH GROUP
Management's Discussion & Analysis
June 30, 2007

Economic Factors Affecting the Subsequent Year

The Group is operating in an environment of escalating health care costs. Given this environment the Group is actively participating in ongoing wellness programs to promote healthier lifestyles and ultimately to reduce health claim costs. In addition, the Group has been evaluate its prescription drug benefit on an ongoing basis and has provided a discretionary opportunity to its members to purchase certain prescription drugs from pre-approved, foreign suppliers. The foreign purchasing option results in a net savings to the Group in reduced claims costs and to the individual member in the form of reduced co-pays.

Prior to June 30, 2007, the Group's Board of Directors set the rate structure for fiscal year 2008 plan participation. The rate structure resulted in a premium rate increase of between 6.1% and 16.1%, depending upon the plan. The rates were set to fund the estimated cost of claims, plus other group expenses. However, the Board of Directors did authorize a so-called premium holiday for the month of December 2007, in which members will not be required to contribute that month's premium, effectively resulting in an approximate subsidy of 8.4% of fiscal year 2008 premiums from the Group's net assets.

Request for information

This financial report is intended to provide an overview of the finances of the Group. Any questions concerning this report, or for additional information, please contact the Group's benefit administrator, Group Benefits Strategies at 800-229-8008, or Treasurer, Richard D. Bienvenue, CPA.

CAPE COD MUNICIPAL HEALTH GROUP

Statement of Net Assets

June 30, 2007 and 2006

(Notes 1 and 2)

	<u>2007</u>	<u>2006</u>
	<u>Total</u>	<u>Total</u>
<u>ASSETS</u>		
Current Assets:		
Cash and cash equivalents (Note 3)	\$ 18,796,088	\$ 18,174,885
Investments (Note 3)	9,147,888	8,460,036
Receivables:		
Member accounts	61,515	81,088
Reinsurance claims	1,677,455	471,471
Medicare part D receivable	1,341,150	483,725
Rebates from insurance carriers	203,525	-
Reserve for uncollectible accounts	<u>(10,000)</u>	<u>(10,000)</u>
Total receivables	3,273,645	1,026,284
Prepaid expenses	41,871	5,274
Deposits with insurance carriers	<u>457,300</u>	<u>442,500</u>
Total assets	<u>\$ 31,716,792</u>	<u>\$ 28,108,979</u>
<u>LIABILITIES</u>		
Current Liabilities:		
Accounts payable	\$ 9,346	\$ -
Claims liabilities (Note 5)	11,898,106	9,055,897
Participants' advance contributions	<u>286,218</u>	<u>576,794</u>
Total liabilities	12,193,670	9,632,691
<u>NET ASSETS</u>		
Unrestricted:		
Medical program	19,241,185	17,812,523
Dental program	<u>281,937</u>	<u>663,765</u>
Total unrestricted/net assets	<u>19,523,122</u>	<u>18,476,288</u>
Total liabilities and net assets	<u>\$ 31,716,792</u>	<u>\$ 28,108,979</u>

See the accompanying notes to the financial statements.

CAPE COD MUNICIPAL HEALTH GROUP
Statement of Revenues, Expenses, and Changes in Net Assets
Years Ended June 30, 2007 and 2006
(Notes 1 and 2)

	<u>2007</u>	<u>2006</u>
	<u>Total</u>	<u>Total</u>
Operating revenues:		
Participants' contributions	\$ 105,813,624	\$ 99,348,834
Medicare part D subsidy	<u>1,502,101</u>	<u>483,725</u>
Total operating revenues	<u>107,315,725</u>	<u>99,832,559</u>
 Operating expenses:		
Health claims incurred	100,248,484	89,512,706
Claims administration charges	5,503,300	5,305,216
Fixed premiums	1,065,954	971,733
Stop loss insurance premiums	764,795	776,658
Consulting services	537,063	539,500
Other administrative services	78,153	68,444
Wellness program	<u>77,181</u>	<u>73,833</u>
Total operating expenses	<u>108,274,930</u>	<u>97,248,090</u>
 Operating income	(959,205)	2,584,469
 Nonoperating revenues:		
Other income (expense)	(4,550)	-
Investment income	<u>2,010,589</u>	<u>1,038,916</u>
 Changes in net assets	1,046,834	3,623,385
Net assets, beginning of year	<u>18,476,288</u>	<u>14,852,903</u>
 Net assets, end of year	<u>\$ 19,523,122</u>	<u>\$ 18,476,288</u>

See the accompanying notes to the financial statements.

CAPE COD MUNICIPAL HEALTH GROUP

Statement of Cash Flows

Years Ended June 30, 2007 and 2006

(Notes 1 and 2)

	<u>2007</u>	<u>2006</u>
Cash flows from operating activities:		
Cash received from participants	\$ 107,044,722	\$ 99,587,324
Cash paid to insurance providers and other vendors	<u>(107,741,706)</u>	<u>(99,753,208)</u>
Net cash provided (used) by operating activities	(696,984)	(165,884)
Cash flows from investing activities:		
Purchases and sales of investments (net)	349,658	(849,874)
Interest income on deposits	<u>968,529</u>	<u>743,384</u>
Net cash (used) by investing activities	<u>1,318,187</u>	<u>(106,490)</u>
Net (decrease) in cash	621,203	(272,374)
Cash, beginning of year	<u>18,174,885</u>	<u>18,447,259</u>
Cash, end of year	<u>\$ 18,796,088</u>	<u>\$ 18,174,885</u>
Reconciliation of operating income to net cash provided by operating activities:		
Operating income	\$ (959,205)	\$ 2,584,469
Changes in operating assets and liabilities:		
Accounts receivable	(2,247,361)	(823,290)
Prepays	(36,597)	(5,274)
Deposits	(14,800)	(40,000)
Accounts payable	9,346	-
Claims liabilities	2,842,209	(2,077,383)
Other liabilities	<u>(290,576)</u>	<u>195,594</u>
Net cash provided by operating activities	<u>\$ (696,984)</u>	<u>\$ (165,884)</u>

See the accompanying notes to the financial statements.

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2007 and 2006

Note 1. Description of Group

Cape Cod Municipal Health Group (the Group), Barnstable, Massachusetts, is a Massachusetts Municipal Joint Health Insurance Purchase Group formed pursuant to Massachusetts General Laws, Chapter 32B, Section 12 under a certain joint purchase agreement which became effective in July 1987. The Group became operational in November 1987. As a governmental entity, the Group is not subject to the provisions of the Employee Retirement Income Security Act of 1974 nor is it subject to federal and state income taxes.

The Group offers health benefits to all eligible employees and retirees of its fifty-one participating governmental units.

Participating governmental units consist of those municipal groups that have signed a Joint Negotiation and Purchase of Health Coverage governmental agreement. At June 30, 2007, participants are the towns of Barnstable, Brewster, Chatham, Dennis, Eastham, Falmouth, Mashpee, Orleans, Provincetown, Sandwich, Truro, Wellfleet, and Yarmouth; Bourne Recreation Authority; Barnstable Fire District, Centerville-Osterville-Marstons Mills Fire District, Cotuit Fire District, Hyannis Fire District, and West Barnstable Fire District; Bourne Water District, Buzzards Bay Water District, Dennis Water District, Mashpee Water District, North Sagamore Water District, and Sandwich Water District; Orleans/Brewster/Eastham Groundwater Protection District; Cape Cod Collaborative; Cape Cod Regional Technical High School, Dennis-Yarmouth Regional School District, The Lighthouse Charter School, Nauset Regional School District, and Upper Cape Cod Vocational Technical High School; Veterans Services of Cape Cod; Barnstable County; and Cape Cod Regional Transit Authority. In addition, the Group entered into a Joint Negotiation Purchase of Health Coverage with the Dukes County Municipal Health Group which now consists of Dukes County Commissioners; the towns of Chilmark, Edgartown, Gosnold, Oak Bluffs, Tisbury, West Tisbury, and Aquinnah; Martha's Vineyard Refuse Disposal and Resource Recovery District; Martha's Vineyard Commission; Martha's Vineyard Land Bank Commission; Oak Bluffs Water District; Martha's Vineyard Regional School District; Up-Island Regional School District; Martha's Vineyard Charter School; and Martha's Vineyard Transit Authority. The number of subscribers in the self-funded medical plans was approximately 10,000 at June 30, 2007 and 2006.

Governmental units may apply for membership and be added to the Group, commencing on a date mutually agreed upon, provided that no less than two-thirds of the Board representatives present at a duly called meeting of the Board vote to accept such additional participants.

Any participating governmental unit may withdraw participation at its discretion. A governmental unit that elects to terminate participation in the Group must notify the Cape Cod Municipal Health Group Board (the Board) of such intent to withdraw 90 days prior to the stated anniversary date of the basic health contracts and shall take effect on such anniversary date.

There is no liability for premium or administrative expense following the effective date of termination of a participating governmental unit's coverage under a contract purchased through the Group except for the governmental unit's proportionate share of any deficit in the Cape Cod Municipal Health Group Trust (the Trust) as of its termination date, or of any premium expense or any subsequent expense for its covered individuals continued on the plan after termination. In the case of a certified surplus (uncommitted fund balance), a unit that withdraws from the Group on anniversary is entitled to receive a proportionate share of any increase in the uncommitted fund balance that occurred during the governmental unit's last year of participation in the Group. If the uncommitted fund balance did not increase during the unit's last year of participation the unit is not entitled to any share of the uncommitted fund balance.

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2007 and 2006

Note 1. Description of Group (continued)

Contributions to the Group's trust fund from participating governmental units are on a monthly basis. The payment is calculated by the Board and is determined to be 100% of the cost of coverage of the Group as a whole (including, but not limited to, anticipated incurred claims, retention, risk, and group administration expenses) as established through underwriting and/or actuarial estimates.

The Group's Board may deal with certified surpluses and deficits through the rate setting process and this is the preferred method. Alternatively, the Group may deal with certified surpluses and deficits by making direct distributions to members in the case of a certified surplus or may require direct payments from members in the case of a certified deficit.

Health benefits consist of a traditional medical indemnity program and a Medex program with Blue Cross and Blue Shield of Massachusetts. The traditional medical indemnity program consists of Master Health Plus and Master Health/Master Medical, and Master Medical Medicare Carveout plans. In addition, the Group has adopted an Exclusive Provider Organization plan with Harvard Pilgrim Health Care and a self-funded medi-wrap plan, Harvard Pilgrim Health Care Enhance Medicare. All of these plans are self-funded. The Group has adopted three Medicare+Choice plans: Medicare HMO Blue, Managed Blue for Seniors and Tufts Medicare Preferred (fully insured). The Group has adopted Blue Cross/Blue Shield (BC/BS) Network Blue, a self-funded, Exclusive Provider Organization (EPO) plan as well as two Preferred Provider Organization (PPO) plans. Blue Care Elect Preferred PPO is administered by BCBS, and Harvard Pilgrim PPO is administered by HPHC. Both PPO plans are self-funded. Also, the Group has adopted a contributory dental insurance plan (self-funded) and a voluntary (employee-pay-all/fully insured premium) dental plan.

The traditional medical indemnity plans, Blue Care Elect Preferred PPO plan, Network Blue EPO plan, and Medex plan are on a claims-paid basis and are administered by Blue Cross and Blue Shield of Massachusetts for a monthly administration fee based on the number of individual, single parent/single child, and family plan subscribers for that particular month.

The Harvard Pilgrim EPO plan, Harvard Pilgrim PPO plan and Harvard Pilgrim Health Care Enhance Medicare plan are on a claims-paid basis and are administered by Harvard Pilgrim Health Care for a monthly administration fee based on the number of individual and family plan subscribers for that particular month.

The contributory dental plan is on a claims-paid basis for subscribers whose employers pay a portion (50% or more) of the monthly cost. The voluntary dental plan is on a fixed premium basis for all other subscribers (an employee pay-all plan). The contributory dental plan is administered by Delta Dental Plan of Massachusetts for a monthly administration fee based on the number of subscribers. The voluntary dental plan is fully insured by Delta Dental Plan of Massachusetts.

The Group has a specific excess medical and prescription drug claims reinsurance contract with an insurance carrier covering claims paid in excess of \$150,000, and \$150,000 per individual, to a lifetime maximum amount payable of \$2,000,000, and \$2,000,000 at June 30, 2007 and 2006, respectively, for the traditional medical indemnity, preferred provider organization (PPO), and exclusive provider organization (EPO) plan contracts. The Group reinsures its Carveout A plan with a policy with a \$50,000 specific deductible. The Group does not reinsure its Medex and HPHC Medicare Enhance plans. The policy period covers claims incurred within 12 months and paid within 24 months.

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2007 and 2006

Note 1. Description of Group (continued)

The Group employs the services of John R. Sharry, Incorporated, d/b/a Group Benefits Strategies (GBS), to provide certain management, consulting, and technical functions and to audit medical claims paid. The current agreement with GBS is for a three-year term ending January 31, 2008, and provides for an annual fee based on the number of subscribers. The agreement may be terminated by either party at any time with sixty (60) days prior, written notice.

Note 2. Summary of Significant Accounting Policies

Financial statements present net assets at June 30, revenues, expenses, and changes in net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America, which recognize revenues from contributions and earnings when earned and expenditures when liabilities are incurred.

Surplus and deficits are accounted for separately for the medical programs and the dental program. Accordingly, these funds are presented separately in the accompanying financial statements.

Contributions to the plans from participating governmental units are determined annually for the next fiscal year based on current operating results and estimated program costs for that year. Participants are billed monthly. Participant advance contributions are recorded as liabilities until earned.

Cash and Cash Equivalents

Generally, the Group is authorized to invest in the following investments: term deposits or certificates of deposit, trust companies, national banks, savings banks or banking companies, or obligations issued or unconditionally guaranteed by the United States Government or an agency thereof and having a maturity from date of purchase of one year or less with certain other limitations, or such securities as are legal for the investment of funds of savings banks under the bank's laws of the Commonwealth of Massachusetts based on a legal opinion received by the Group.

Cash and cash equivalents consist of cash on hand; cash in checking, savings or money market accounts; repurchase agreements; other short-term investments with original maturities of three months or less; and the Commonwealth of Massachusetts Municipal Depository Trust (MMDT) which has legislative approval for municipal use.

Claims' Liabilities

The Group's obligations include estimated health claims incurred but not reported at June 30. The Group uses the latest reported claims to record the Group's payable of reported claims and to estimate health claims incurred but not reported as of that date. Actual claims reported differ from claims estimated, but the size of the Group and stop-loss coverage minimizes the risk of a significant difference. Claims' liabilities are reviewed periodically using claims data adjusted for the Group's current experience. Adjustments to claims' liabilities are charged or credited to expense in the periods in which they are made.

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2007 and 2006

Note 2. Summary of Significant Accounting Policies (continued)

Reinsurance

The Group does not include reinsured risks as liabilities unless it is probable that those risks will not be covered by the reinsurer. Amounts recoverable through reinsurers on paid claims are classified as receivable and as a reduction of claims expense.

Accounting Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results will differ from estimates.

Note 3. Cash, cash equivalents and investments

The Group maintains deposits in several authorized financial institutions. In the case of deposits, custodial credit risk is the risk that in the event of a bank failure, the Group's deposits may not be returned. The Group does not have a formal deposit policy for custodial credit risk. At June 30, 2007 and 2006 deposits totaled \$18,800,908 and \$18,161,822, respectively and had a carrying amount of \$18,796,088 and \$18,174,885, respectively. Of the deposit amounts at June 30, 2007 and 2006, \$7,138,939 and \$12,808,548, respectively, which includes \$3,887,923 and \$6,482,910, respectively on deposit with MMDT, was exposed to custodial credit risk at June 30, 2007 and 2006 because it was uninsured and uncollateralized. The difference between deposit amounts and carrying amounts generally represents outstanding checks and deposits in transit.

The Group maintains one account for investment which holds the following investments:

<u>Type</u>	<u>Fair Market Value</u>	<u>% of Total</u>
Debt securities:		
US Government & agencies	\$4,138,128	45%
Equity securities	1,899,416	21%
Equity mutual funds	1,931,811	21%
Fixed income mutual funds	<u>1,178,533</u>	13%
	<u>\$9,147,888</u>	

Custodial credit risk for investments is the risk that, in the event of the failure of the counter party to a transaction, a government will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The Group has an investment subcommittee that monitors this risk however the Group does not have a specific investment policy covering custodial credit risk. Investments in open-end mutual funds are not exposed to custodial credit risk because their existence is not evidenced by securities that exist in physical or book entry form. The investment account is insured by Securities Investor Protection Corporation (SIPC) up to \$500,000 and is otherwise uninsured and uncollateralized.

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2007 and 2006

Note 3. Cash, cash equivalents and investments

Interest rate risk is the risk that changes in market interest rates that will adversely affect the fair market value of an investment. Generally, the longer the maturity of an investment the greater the sensitivity of its fair market value to changes in market interest rates. The Group has an investment policy which limits the overall portfolio allocation of fixed income securities to 85% of the total portfolio, but does not otherwise limit the maturities of fixed income securities or further address interest rate risk. The approximate maturities of the Group's debt investments are disclosed in the following table:

<u>Investment Type</u>	<u>Fair Market Value</u>	<u>Maturity (In Years)</u>			
		<u>One or Less</u>	<u>One to Five</u>	<u>Six to Ten</u>	<u>Thereafter</u>
US Govt. and agency securities	\$ 4,138,126	\$ 797,125	\$ 2,257,736	\$ 1,083,265	\$ -
Fixed income mutual funds:					
Evergreen Intl. Bond Fund	900,517	900,517	-	-	-
MFS High Yield Fund	<u>278,016</u>	<u>278,016</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 5,316,659</u>	<u>\$ 1,975,658</u>	<u>\$ 2,257,736</u>	<u>\$ 1,083,265</u>	<u>\$ -</u>

Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. Credit risk is measured by the assignment of a rating by a nationally recognized statistical rating organization. Obligations of the U.S. Government and certain of its agencies are not considered to have credit risk and therefore no rating is disclosed in following table. Equity securities are not rated as to credit risk. The Group has an investment policy which limits the overall portfolio allocation but is not specific as to limit investment choices to certain ratings. The following table discloses the approximate amount of debt investments in each rating classification using Standard & Poor's rating classifications:

<u>Investment Type</u>	<u>Fair Market Value</u>	<u>Exempt from Disclosure</u>	<u>S&P Rating as of Year End</u>		
			<u>A</u>	<u>BB to B</u>	<u>Not Rated</u>
US Govt. and agency securities	\$ 4,138,126	\$ 4,138,126	\$ -	\$ -	\$ -
Fixed income mutual funds:					
Evergreen Intl. Bond Fund	900,517	-	-	900,517	-
MFS High Yield Fund	<u>278,016</u>	<u>-</u>	<u>-</u>	<u>278,016</u>	<u>-</u>
Total	<u>\$ 5,083,537</u>	<u>\$ 4,138,126</u>	<u>\$ -</u>	<u>\$ 1,178,533</u>	<u>\$ -</u>

Concentration of credit risk is the risk of loss attributed to the magnitude of a government's investment in a single issuer. The Group has an investment policy which prohibits any one issue (excluding US Government securities) from making up more than 5% of the portfolio. As of June 30, 2006, there are no securities exceeding this threshold.

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2007 and 2006

Note 4. Plan Deposits and Payment Arrangements

The Group pays Blue Cross & Blue Shield (BC/BS) and Harvard Pilgrim Health Care (HPHC) a level, monthly payment each month to cover the expected cost of claims for that month. The amount has been mutually agreed upon to represent approximately one month of projected claims for BC/BS and HPHC plans. There is a quarterly reconciliation and settle-up against actual claims payments made by BC/BS and HPHC on behalf of the Group. Quarterly settle-up payments/credits are generally made for the 1st, 2nd, 3rd, and 4th fiscal year quarters in December, March, June, and September respectively.

The Group pays BC/BS, HPHC monthly, and Delta Dental in the case of the contributory plan administrative fees for self-funded health plans based on the number of individual and family subscribers covered under each health plan for the month.

Note 5. Unpaid Claims

The Group establishes a liability for both reported and unreported incurred events which includes estimates of both future payments of losses and related adjustment expenses, if any. The following represents changes in claims liabilities during the years ended June 30, 2006 and 2005:

	<u>2007</u>	<u>2006</u>
Unpaid claims and claims adjustment expenses—beginning of year	\$ 9,055,897	\$ 11,133,280
Incurred claims and claims adjustment expenses:		
Provision for insured events of the current fiscal year	102,551,402	89,936,391
Increase (decrease) in provision for insured events of prior fiscal years	<u>(2,302,918)</u>	<u>(907,410)</u>
	100,248,484	89,028,981
Payments:		
Claims and expenses, net, attributable to insured events – current year	(90,653,296)	(81,770,698)
Claims and expenses, net, attributable to insured events – prior years	<u>(6,752,979)</u>	<u>(6,136,621)</u>
	(97,406,275)	(87,907,319)
Other reconciling items:		
Timing differences between claims paid by Group vs. when paid by claims administrators	<u>-</u>	<u>(3,199,045)</u>
Total unpaid claims and claim adjustment expenses—end of year	<u>\$ 11,898,106</u>	<u>\$ 9,055,897</u>

CAPE COD MUNICIPAL HEALTH GROUP
 Required Supplementary Information
 Ten-Year Claims Development Information

The table below illustrates how the Group's earned revenues and investment income compare to related costs of loss and other expenses assumed by the Group as of the end of each of the last ten years. The rows in the table are defined as follows: (1) This line shows the total of each fiscal year's earned contribution revenues and investment revenues. (1-a) This line shows the amount of existing net assets used to fund each fiscal year's operations, in addition to earned revenues displayed in line 1, above. (2) This line shows each fiscal year's other operating costs of the Group including overhead and claims expense not allocated to individual claims. (3) This line shows the Group's incurred claims and allocated claims adjustment expense (both paid and accrued) as originally reported at the end of the first year in which the event triggered coverage under the contract occurred (called policy year). (4) This section of rows shows how each policy year's incurred claims increased or decreased as of the end of successive years. This annual re-estimation results from new information received on known claims, reevaluation of existing information on known claims, as well as emergence of new claims not previously known. (6) This line compares the latest re-estimated incurred claims amount to the originally established (line 3) and shows whether this latest estimate of claims cost is greater or less than originally thought. As data for individual policy years mature, the correlation between original estimates and re-estimated amounts is commonly used to evaluate the accuracy of incurred claims currently recognized in less mature policy years. The columns of the table show data for successive policy years:

	<u>6/30/2007</u>	<u>6/30/2006</u>	<u>6/30/2005</u>	<u>6/30/2004</u>	<u>6/30/2003</u>	<u>6/30/2002</u>	<u>6/30/2001</u>	<u>6/30/2000</u>	<u>6/30/1999</u>	<u>6/30/1998</u>
1 Earned member assessments and investment revenues	107,824,213	100,387,750	90,400,730	82,818,727	73,728,501	66,460,414	55,526,869	46,604,700	40,339,902	36,141,823
1a Net assets provided (used) by current year operations	1,046,834	3,623,385	3,438,337	2,975,754	5,454,285	6,621,278	1,447,287	(4,783,279)	(2,248,811)	(2,668,187)
2 Administrative and operating expenses	8,026,446	7,735,384	7,433,816	6,763,642	6,260,985	5,703,322	5,037,780	4,256,602	3,451,340	3,377,808
3 Estimated incurred claims and expense, end of fiscal year	102,551,402	89,936,391	82,615,950	73,588,400	62,730,526	54,123,815	50,676,419	47,079,917	40,481,816	35,252,784
4 Paid (cumulative) as of:										
End of fiscal year	90,653,296	80,880,494	75,571,919	64,462,173	56,074,202	46,349,094	40,247,552	34,225,430	29,863,260	22,714,779
One year later	87,640,181	81,944,902	81,944,902	70,036,510	61,567,856	53,937,688	50,643,517	46,423,310	40,540,436	33,878,654
Two years later										
Three years later			81,959,510	69,893,088	61,559,752	53,901,179	50,662,287	46,471,352	40,505,292	34,239,319
Four years later				69,894,398	61,474,697	53,905,354	50,657,554	46,475,283	40,505,243	34,195,453
Five years later					61,469,591	53,912,952	50,616,930	46,459,809	40,510,665	34,192,361
Six years later						53,897,916	50,612,196	46,458,084	40,503,856	34,190,145
Seven years later							50,610,077	46,457,719	40,496,665	34,189,975
Eight years later										
Nine years later										
5 Reestimated incurred claims and expense										
End of fiscal year	102,551,402	89,936,391	79,528,577	73,079,330	62,013,231	54,135,814	50,676,419	47,079,917	40,481,816	35,252,784
One year later	87,640,181	81,944,902	81,944,902	70,036,510	61,567,856	53,937,688	50,643,517	45,533,796	40,540,436	33,878,654
Two years later										
Three years later			81,959,510	69,893,088	61,559,752	53,901,179	50,662,287	45,581,838	40,505,292	34,239,319
Four years later				69,894,398	61,474,697	53,905,354	50,657,554	46,475,283	40,505,243	34,195,453
Five years later					61,469,591	53,912,952	50,616,930	46,459,809	40,510,665	34,192,361
Six years later						53,897,916	50,612,196	46,459,809	40,503,856	34,190,145
Seven years later							50,610,077	46,458,084	40,503,856	34,189,975
Eight years later										
Nine years later										
6 (Increase) decrease in estimated incurred claims and expense from the end of the original policy year		2,296,210	656,440	3,694,002	1,260,935	225,899	66,342	622,198	(14,849)	1,064,642